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<b>To:</b> USPTO: GAU 3625	<b>From:</b> C. Douglass Thomas, ph. 650.903.9200
<b>Fax:</b> 703.872.9306	<b>Pages:</b> 19 (including this page)
<b>Phone:</b>	<b>Date:</b> 6/22/2004
<b>Re:</b> 09/750,385	<b>CC:</b>

☒ **Urgent**    ☐ **For Review**    ☐ **Please Comment**    ☐ **Please Reply**    ☐ **Please Recycle**

• **Comments:**

Transmitted herewith for filing are: (1) Amendment Transmittal (1 pg.); (2) Credit Card Payment Form (1 pg.); and (3) Amendment C (16 pages).

**IN THE U.S. PATENT AND TRADEMARK OFFICE**

Inventor(s): Wijaya et al.

Serial No.: 09/750,385

Filed: December 27, 2000

Title: Technique for implementing item substitution for unavailable items  
relating to a customer order

Atty Docket: WVANP013

Group Art Unit: 3625

Examiner: Thein, Maria Teresa T.

**CERTIFICATE OF FACSIMILE**

I hereby certify that this correspondence is transmitted via facsimile to: Commissioner for Patents, Alexandria, VA 22313-1450 on June 22, 2004.

Signed: C. Douglass Thomas

Printed Name: C. Douglass Thomas

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**AMENDMENT TRANSMITTAL**

Mail Stop:  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**OFFICIAL**

Sir:

Transmitted herewith is an Amendment in the above-identified application.

The fee has been calculated as shown below.

	Claims After Amendment		Highest Previously Paid For	Present Extra	Small Entity Rate Fee	Large Entity Rate Fee
Total Claims	35	MINUS	35	0	x 9 =	x 18 = 0.00
Independent Claims	6	MINUS	6	0	x 42 =	x 84 = 0.00
Multiple Dependent Claim Present and Fee Not Previously Paid					\$140.00	\$280.00
Total					\$	\$0.00

- ☒ Applicant(s) hereby petition for a one - month extension(s) of time to respond to the aforementioned Office Action.
- ☒ Applicant(s) believe that no (additional) Extension of Time is required; however, if it is determined that such an extension is required, Applicant(s) hereby petition that such an extension be granted and authorize the Commissioner to charge the required fees for an Extension of Time under 37 CFR 1.136 to Deposit Account No. 500388.
- ☒ Enclosed is a Credit Card Payment Form including the amount of \$ 110.00 to cover the additional claim fee and/or extension of time fees.
- ☒ Please charge the required fees, or any additional fees required to facilitate filing the enclosed response, to Deposit Account No. 500388 (Order No. RLC1G000).

Respectfully submitted,

C. Douglass Thomas

C. Douglass Thomas

Registration No.: 32,947